

**Issue Classification**

(Assistant Examiner) (Date)

(Legal Instruments Examiner) (Date)

ANHT.N.VO  
PRIMARY EXAMINER  
(Primary Examiner)

**Total Claims Allowed: 22**

O.G. Print Claim(s)	O.G. Print Fig
18	10

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant										<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47		
Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original
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<del>3</del>	3		15	33			63			123			153			183
<del>4</del>	4		18	34			64			124			154			184
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1	7		21	37			67			127			157			187
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11	10			40			70			130			160			190
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16	17			47			77			137			167			197
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2	23			53			83			143			173			203
3	24			54			84			144			174			204
4	25			55			85			145			175			205
5	26			56			86			146			176			206
6	27			57			87			147			177			207
7	28			58			88			148			178			208
8	29			59			89			149			179			209
9	30			60			90			150			180			210